2008 ELECTION CYCLE CPR - SS 08-01(b)

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

OFFICE USE GMM

	_	DISBONSEINIEN		
Name of Candidate_	Sava Richardson	n Thomas		
Address 5/2 B	B. King Road	o Paragonia	County Sur	oflower
Telephone (Work)	(Home)	62)887-2628	(Fax)	
Contact Name		Email Address		
Office Sought Re	presentative		_ Political Party	Democrat
Check here if a	bove is different from previous report			
	TYPE (• CHECK THE CATEGOR)	OF REPORT	RE SUBMITTING .	
October 28, 2008				Mandatory
November 18, 20		26, 2008, through No	vember 15, 2008).	Runoff Candidates
	Annual Report (January 1, 20	008, through Decemb	er 31, 2008)	Mandatory
	ort (Candidate will no longer accept and has no outstanding campaign			quired to terminate porting obligations
(2) Until a candidate files a term (3) The appropriate office must office must be in actual reco	cory, even if no contributions or expenditures to contributions and expenditures during this penination report, annual and periodic reports more in actual receipt of the required reports by eight of the required reports by 5:00 p.m. on the second period but more found of the contribution. Use separate form the contribution.	eriod. ust still be filed in accordance 5:00 p.m. on the reporting defirst working day before the ore than 48 hours before 12:0	ce with Miss. Code Ann. lay. If the deadline falls deadline. Faxed report 01 a.m. on the day of the	§ 23-15-807 (b) (ii) and (iii). on a weekend or a holiday, the s are acceptable.
	REPORTED CONTRIE	BUTIONS AND DIS	BURSEMENTS	
	(itemized + non-ite	emized) Tot	al This Period	Calendar year-to-date
otal amount of contribution	\$\$ 300.00 +\$	\$ _	300,00	\$ 300,00
otal amount of disbursemen	nts \$ 550,00 +\$	\$ 4	550.00	\$ 550.00
	Total amount of ca	sh on hand \$ <	1.138,00	
(Signature of Ca	ave examined this report and to the best and	(i	lief it is true, accurate 2 /3 / (Date)	e, and complete.
Penalties: Failure to submit red	uired reports, or failure to submit reports in ad/or prosecution in accordance with Miss.	n accordance with statutor	ry deadlines, or failure nd 813 (1972).	to submit valid reports shall
Hoseman 601-576	ates for statewide, state district, mult n, Secretary of State, Elections Divisi -2819. ates for countywide and county distri	on, P.O. Box 136, Jackso	on, MS 39205 or fax	to 601-359-1499 or
a, Canuic	mico Lot Courty mad and County disti	omices omound return	to then cou	my cheun cicini

Amended



Secretary of State Capitol Office

	Page	/ 0	of /
Name of Candidate or Committee Sara R. Thomas	-		
Reporting period Jan. 1, '08 through Dec. 31.	08		
ITEMIZED RECEIE			

A. Source:	Date (Mo., Day, Year)	Amount of each receipt
- Other (pieces specify)		this period
Full name Merck & Co. Inc.	913108	\$ 300,0e
Mailing Address P. O. Box 4		\$
City, State, Zip Code West Point, PA. 19486-0004		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	111	\$
Mailing Address		\$
City, State, Zip Code	11	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

Name of Candidate pr Committee Sava R. Thomas	Page	 of	
	n /.		
Reporting period Jan, 1,08 through Dec. 31,	08		

ITEMIZED DISBURSEMENTS

	·	
Indianola Pee Wee Basketball	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	710108	\$ 150,00
City, State, Zip Code India Nala ms 38751	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 150,00
B. Full name Cirl Scouls of America	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	61_108	\$ 150,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 150,00
mt. Olive m. B. Church Building Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
138 Charlie Ellis Rd	81_108	\$ 250.00
Indianola MS 36751	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250,00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2008 ELECTION CYCLE CPR - SS 08-01(b)

OFFICE USE

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

	-a Kichardson		
Address 5/2 B, B.	King Road	County 5	unflower
	(Home) <u>662</u> 887	2628 (Fax)	•
Contact Name		ss	
Office Sought Repre	sentative	Political Part	Democrat
Check here if above is diff	erent from previous report		
	TYPE OF REPORT • CHECK THE CATEGORY OF REPORT	VOLLAGE SUBMITTING	
	Election Report (January 1, 2008, three		
			1.50
\ a	Runoff Report (October 26, 2008, thro		
	ual Report (January 1, 2008, through		
Termination Report (Cand expenditures and has	lidate will no longer accept contribution no outstanding campaign debt or oblig	ns or make campaign Relations.)	equired to terminate eporting obligations
(1) Periodic reports are mandatory, even if n for total amount of reported contributions	IMPORTANT o contributions or expenditures have occurred. In s and expenditures during this period.	such case, the candidate shall s	ubmit a report indicating "0" (Zero)
(2) Until a candidate files a termination report	rt, annual and periodic reports must still be filed in	accordance with Miss. Code An	n. §-23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual r	receipt of the required reports by 5:00 p.m. on the ruired reports by 5:00 p.m. on the first working day	enorting day. If the deadline fall	s on a weakened b-lid- u
(4) Contributions in excess of \$200 received FAX or otherwise within 48 hours of the o	after the reporting period but more than 48 hours contribution. Use separate form "48 Hour Report"	before 12:01 a.m. on the day of the to report such activity	ne election must be reported by
F	REPORTED CONTRIBUTIONS AN	ND DISBURSEMENTS	3
	(itemized + non-itemized)	Total This Period	Calendar year-to-date
tal amount of contributions \$	+\$	\$ O	\$
tal amount of disbursements \$) +\$	\$ 0	\$ 0
	Total amount of cash on hand	\$ 44250	20
Certify that I have examine	al this report and to the best of my knowledg	e and belief it is true, accura	te, and complete.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

(Signature of Candidate)

- 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



(Date)

Name of Candidate of Committee Sara R. Thomas	Pag
Reporting period January 1, '08 through Dec. 31, '08)
ITÉMIZED RECEÍPT	-,

A Course Comparation C DAO CLUB L.		
A. Source: □ Corporation □ PAC □ Individual □ Loan	Date	Amount of each receipt
☐ Other (please specify)/	(Mo., Day, Year)	this period
Full name		\$ 0
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Uname Other (please specify)	(Mo., Day, Year)	this period
		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	-'-'-	\$
Occupation (Required)	Aggregate	\$
D. Source: Corporation PAC Individual Loan	year-to-date	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Mailing Address		\$
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	

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iame of Candidate of Committee	in momus		CHARLES AND ADDRESS.	
Reporting period January 1, '08	through Dec. 31	.08		

ITEMIZED DISBURSEMENTS

A. Full name		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$